

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street) ▼

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

09

01

2015

09

30

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer

Hugh M Taylor MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

10

14

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		439447.27
(b) Cash on Hand at Beginning of Reporting Period.....	362917.68	
(c) Total Receipts (from Line 19)	14933.23	323514.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	377850.91	762962.07
7. Total Disbursements (from Line 31)	14263.52	399374.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	363587.39	363587.39
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2015

To:

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

12464.99

213687.95

(ii) Unitemized

1836.18

103171.32

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

14301.17

316859.27

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

14301.17

316859.27

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

632.06

6655.53

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

14933.23

323514.80

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

14933.23

323514.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	263.52	6089.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	263.52	6089.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	392700.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	585.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	585.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14263.52	399374.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14263.52	399374.68

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14301.17	316859.27
34. Total Contribution Refunds (from Line 28(d))	0.00	585.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14301.17	316274.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	263.52	6089.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	632.06	6655.53
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-368.54	-565.85

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Janet R Albers MD

Mailing Address 612 Woodbridge Rd

City

Springfield

State

IL

Zip Code

62711-5666

FEC ID number of contributing
federal political committee.

C

Name of Employer

SIU SOM

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2015

Transaction ID : C3105800

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Frederic Baker MD

Mailing Address 32 Mark Cir

City

Holden

State

MA

Zip Code

01520-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMMHC

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2015

Transaction ID : C3087687

Amount of Each Receipt this Period

43.00

Full Name (Last, First, Middle Initial)

C. Cedric T Barnes DO

Mailing Address PO Box 337

City

Milford

State

DE

Zip Code

19963-0337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : C3107954

Amount of Each Receipt this Period

36.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

129.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin M Bernstein MD

Mailing Address PSC 482

City

State

Zip Code

Fpo

AP

96362-9998

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

US Navy

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2015

Transaction ID : C3087698

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

B. Reid B Blackwelder MD

Mailing Address 4407 Leedy Rd

City

State

Zip Code

Kingsport

TN

37664-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ETSU

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2015

Transaction ID : C3092125

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mott Parks Blair MD

Mailing Address 411 E Westbrook St

City

State

Zip Code

Wallace

NC

28466-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Vidant Medical Group

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Transaction ID : C3103267

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ►

387.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert V Blakeburn MD

Mailing Address 800 Frisco Ave

City	State	Zip Code
Clinton	OK	73601-3318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : C3092126

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Karla L Booker MD

Mailing Address 3945 Cranbrook Ct NW

City	State	Zip Code
Lilburn	GA	30047-2696

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Gwinette Hospital System

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2015

Transaction ID : C3087648

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

c. Lindsay Kathryn Botsford MD

Mailing Address 2506 Hazard St

City	State	Zip Code
Houston	TX	77019-6756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Memorial Hermann Hospital System

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2015

Transaction ID : C3087725

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)..... ►

326.63

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mary F Campagnolo MD

Mailing Address 1561 Route 38 Ste 6

City

Lumberton

State

NJ

Zip Code

08048-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virtua Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2015

Transaction ID : C3087699

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Joan L Carrellas MD

Mailing Address 39 Bishop Lamy Rd

City

Lamy

State

NM

Zip Code

87540-9601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : C3099077

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Barton A Chase MDMailing Address 3856 Highway 57 W
P.O. Box 99

City

Ramer

State

TN

Zip Code

38367-7167

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ramer Family Health Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : C3106103

Amount of Each Receipt this Period

2750.00

SUBTOTAL of Receipts This Page (optional)..... ►

3240.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven A Crawford MD

Mailing Address 900 NE 10th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.60

Date of Receipt

09 / 12 / 2015

Transaction ID : C3091958

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

B. Jason B Dees MD

Mailing Address 620 W Longview Dr

City

New Albany

State

MS

Zip Code

38652-2415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Magnolia Health Plan

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

09 / 30 / 2015

Transaction ID : C3108580

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Scott R Dunn MD

Mailing Address 1507 Northshore Dr

City

Sandpoint

State

ID

Zip Code

83864-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Health Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 27 / 2015

Transaction ID : C3105797

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3781.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. James A Ellzy MDMailing Address 1351 Bryant St NE
Apt 4

City	State	Zip Code
Washington	DC	20018-1156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2015

Transaction ID : C3099167

Amount of Each Receipt this Period

34.10

Full Name (Last, First, Middle Initial)

B. David Richard Field Field

Mailing Address 209 N 7th St

City	State	Zip Code
Bismarck	ND	58501-4441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : C3110963

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Troy Treanor Fiesinger MD

Mailing Address 14023 Southwest Fwy

City	State	Zip Code
Sugar Land	TX	77478-3550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2015

Transaction ID : C3091929

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

184.10

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wanda D Filer MD

Mailing Address 510 Aqua Ct

City	State	Zip Code
York	PA	17403-3623

FEC ID number of contributing federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

09 / 09 / 2015

Transaction ID : C3089075

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Stephanie J Foley

Mailing Address 5518 Butterfly Ln Apt 307
2100 Erwin Road

City	State	Zip Code
Durham	NC	27707-9078

FEC ID number of contributing federal political committee.

C

Name of Employer

Blue Ridge Family Physicians

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

09 / 22 / 2015

Transaction ID : C3100414

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Connie H Hahn DO

Mailing Address 605 Hyalite View Dr

City	State	Zip Code
Bozeman	MT	59718-7377

FEC ID number of contributing federal political committee.

C

Name of Employer

Bozeman Deaconess Family Medicine and

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.58

Date of Receipt

09 / 17 / 2015

Transaction ID : C3095008

Amount of Each Receipt this Period

52.14

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

432.56

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Boyde Jerome Harrison MD

Mailing Address 904 26th St

City
HaleyvilleState
ALZip Code
35565-1719FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2015

Transaction ID : C3087718

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Lori J Heim MD

Mailing Address 250 Hollybrook Farm Ln

City
VassState
NCZip Code
28394-8952FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Scotland Memorial Hospital

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2015

Transaction ID : C3100387

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

C. Daniel J Heinemann MD

Mailing Address 1305 W 18th St

City
Sioux FallsState
SDZip Code
57105-0401FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Sioux Valley Health Systems

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : C3103323

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

859.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Standish Hoskins MD

Mailing Address PO Box 2200

City

Minden

State

NV

Zip Code

89423-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 03 / 2015

Transaction ID : C3085935

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Gregory King MD

Mailing Address 1120 Vail Rd

City

Bennington

State

VT

Zip Code

05201-9597

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

385.00

Date of Receipt

09 / 07 / 2015

Transaction ID : C3087726

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

C. Robyn A Liu MD

Mailing Address 1604 SE Stark St

City

Portland

State

OR

Zip Code

97214-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 05 / 2015

Transaction ID : C3114459

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher M Mahr MD

Mailing Address 3085 Firestone Ct

City	State	Zip Code
Sumter	SC	29150-7075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colonial Family PracticeOccupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2015

Transaction ID : C3090173

Amount of Each Receipt this Period

40.50

Full Name (Last, First, Middle Initial)

B. Kevin B Martin MD

Mailing Address 2903 219th Ave E

City	State	Zip Code
Lake Tapps	WA	98391-5634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Life Care Physician ServicesOccupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2015

Transaction ID : C3105755

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. F Bradford Bradford Meyers MD

Mailing Address PO Box 414

City	State	Zip Code
Jefferson	WI	53549-0414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2015

Transaction ID : C3099168

Amount of Each Receipt this Period

33.75

SUBTOTAL of Receipts This Page (optional)..... ►

124.25

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anne M Montgomery MD

Mailing Address 44818 Oro Grande Cir

City

Indian Wells

State

CA

Zip Code

92210-7411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eisenhower Medical Associates

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : C3105901

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dale C Moquist MD

Mailing Address 4318 Lake Walk Ct

City

Missouri City

State

TX

Zip Code

77459-3268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

824.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : C3114323

Amount of Each Receipt this Period

91.66

Full Name (Last, First, Middle Initial)

c. Mary S Nguyen MD

Mailing Address 5727 Welsch Vw

City

San Antonio

State

TX

Zip Code

78249-3149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medina Valley Family Practice

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2015

Transaction ID : C3085430

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

376.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carl Raymond Olden MD

Mailing Address 311 S 72nd Ave

City

Yakima

State

WA

Zip Code

98908-1661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2015

Transaction ID : C3087727

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Javette C Orgain MD

Mailing Address PO Box 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vitas Innovative Hospice

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : C3105902

Amount of Each Receipt this Period

110.00

Full Name (Last, First, Middle Initial)

c. Logan Alan Pritchard DO

Mailing Address 1021 W 14th St

City

Hastings

State

NE

Zip Code

68902-0968

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Medical Center of Hastings

Occupation

Familiy Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : C3108231

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

575.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michelle Quiogue MD

Mailing Address 2460 Pine St

City	State	Zip Code
Bakersfield	CA	93301-2742

FEC ID number of contributing federal political committee.

C

Name of Employer

SCPMG

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2015

Transaction ID : C3090174

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

B. Lee P Ralph MD

Mailing Address 6699 Alvarado Rd Ste 2100

City	State	Zip Code
San Diego	CA	92120-5238

FEC ID number of contributing federal political committee.

C

Name of Employer

SD Sports Medicine and Family Health

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2015

Transaction ID : C3087650

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Srikar T Reddy MD

Mailing Address 205 W Grand River Ave

City	State	Zip Code
Brighton	MI	48116-1659

FEC ID number of contributing federal political committee.

C

Name of Employer

4-Serv Family Medicine PC

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2015

Transaction ID : C3087700

Amount of Each Receipt this Period

45.63

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

132.13

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jo Marie R Reilly MD

Mailing Address 1217 Milan Ave

City

South Pasadena

State

CA

Zip Code

91030-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer

USC Keck School of Medicine

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : C3105370

Amount of Each Receipt this Period

265.00

Full Name (Last, First, Middle Initial)

B. Robert Chuck Rich MD

Mailing Address PO Box 10

City

Bladenboro

State

NC

Zip Code

28320-0010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : C3105375

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Elisabeth L Righter MD

Mailing Address 267 Park Dr

City

Dayton

State

OH

Zip Code

45410-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : C3089076

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

415.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Flora F Sadri-Azarbayejani DO

Mailing Address 427 S Mountain Rd

City

Northfield

State

MA

Zip Code

01360-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2015

Transaction ID : C3099169

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Sarah L Sams MD

Mailing Address 2994 Frazell Rd

City

Hilliard

State

OH

Zip Code

43026-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : C3090459

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

C. Sarah L Sams MD

Mailing Address 2994 Frazell Rd

City

Hilliard

State

OH

Zip Code

43026-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : C3090464

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)..... ►

290.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Linda Marie Siy MD

Mailing Address 4133 Bilglade Rd

City

Fort Worth

State

TX

Zip Code

76109-5436

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of North Texas Health Scien

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

328.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2015

Transaction ID : C3114327

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

B. Windel A Stracener MD

Mailing Address 1333 Hunters Pointe Dr

City

Richmond

State

IN

Zip Code

47374-7184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : C3090465

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Glen R Stream MD

Mailing Address 44818 Oro Grande Cir

City

Indian Wells

State

CA

Zip Code

92210-7411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eisenhower Medical Associates

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : C3099296

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

486.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stacy J Taylor MD

Mailing Address 173 E Cotton Hill Rd

City

New Hartford

State

CT

Zip Code

06057-3524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Hungerford Hospital

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.00

Date of Receipt

09 / 01 / 2015

Transaction ID : C3084992

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

B. Lloyd P Van Winkle MD

Mailing Address PO Box 960

City

Castroville

State

TX

Zip Code

78009-0960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medina Valley Family Practice

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 02 / 2015

Transaction ID : C3085431

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. William H Vetter MD

Mailing Address 1102 E Locust St

City

Emmett

State

ID

Zip Code

83617-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Walter Knox Memorial Hospital

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

09 / 08 / 2015

Transaction ID : C3087758

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

112.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bruce Alan Wallstedt MD

Mailing Address 6323 Canterbury Close

City

Brentwood

State

TN

Zip Code

37027-4870

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

255.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2015

Transaction ID : C3090176

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

B. Kevin S Wang MDMailing Address 1823 Terry Ave
Apt 1609

City

Seattle

State

WA

Zip Code

98101-2406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Swedish Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : C3104126

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Thomas J Weida MD

Mailing Address 845 Fishburn Rd

City

Hershey

State

PA

Zip Code

17033-2015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2015

Transaction ID : C3091930

Amount of Each Receipt this Period

46.00

SUBTOTAL of Receipts This Page (optional)..... ►

182.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 32
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tabatha Selina Wells MD

Mailing Address 2117 N 6th St

City

Springfield

State

IL

Zip Code

62702-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2015

Transaction ID : C3092039

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Richard Andre Wherry MD

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Health

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : C3087759

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

295.00

12464.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 32
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
Leawood KS 66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6655.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 14 2015

Transaction ID : C3095583

Amount of Each Receipt this Period

632.06

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

632.06

632.06

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2015

Transaction ID : D168605

Amount of Each Disbursement this Period

1.48

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : D168606

Amount of Each Disbursement this Period

3.74

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2015

Transaction ID : D168607

Amount of Each Disbursement this Period

15.67

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

20.89

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

8.13

Category/
Type

9.75

Category/
Type

13.54

Age Group	Percentage
18-24	31.42
25-34	28.57
35-44	14.29
45-54	14.29
55-64	7.14
65-74	7.14
75-84	7.14
85+	7.14

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

State: District:

State: District:

State: District:

Percentage of students who did not pass the exam

11.34

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee



3.25

MM / DD / YYYY

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	2.61%

Amount of Each Disbursement this Period

7.95

Age Group	Percentage
18-24	~10.5
25-34	~12.5
35-44	~14.5
45-54	~16.5
55-64	~18.5
65-74	13.81
75-84	~10.5
85+	~5.5

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

6.83

Category/
Type

179.23

Category/
Type

186.06

263.52

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. BLUMENAUER FOR CONGRESS

Mailing Address 830 NE Holladay, #105

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Earl BlumenauerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : D168313

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TIBERI FOR CONGRESSMailing Address 2931 E Dublin Granville Road
Ste 2000

City	State	Zip Code
Columbus	OH	43231

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Pat TiberiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : D168312

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PAUL TONKO FOR CONGRESS

Mailing Address 911 Central Avenue

City	State	Zip Code
Albany	NY	12206

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Paul TonkoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Transaction ID : D168244

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. RENEE ELLMERS FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Mailing Address PO BOX 99567

City	State	Zip Code
RALEIGH	NC	27624

Transaction ID : D168243Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Renee EllmersCategory/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Full Name (Last, First, Middle Initial)

B. GEORGIANS FOR ISAKSON

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Mailing Address POST OFFICE BOX 250116

City	State	Zip Code
ATLANTA	GA	30325

Transaction ID : D168245Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Sen. Johnny IsaksonCategory/
Type

2500.00

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 00

Full Name (Last, First, Middle Initial)

C. HATCH ELECTION COMMITTEE INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City	State	Zip Code
SALT LAKE CITY	UT	84101

Transaction ID : D168242Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Sen. Orrin G. HatchCategory/
Type

1500.00

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

14000.00
